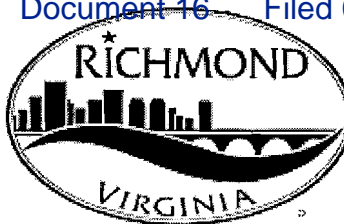


Richmond City Sheriff's Office  
LL-1, John Marshall Courts Building  
Richmond, Virginia 23219



Civil Process Section  
400 N. 9th Street  
Telephone (804) 646-6600

SHERIFF'S OFFICE

AFFIDAVIT OF SERVICE

Being duly sworn and authorized to make service as provided by the Code of the Commonwealth of Virginia, by my signature subscribed below I do hereby certify that I executed a true copy of the within Summons And Complain, in the following manner and on the date so indicated:

- (X) Served in person *Aitha White - previous - Admin Asst.*
- ( ) Registered agent
- ( ) Served on the person or officer found to be in charge
- ( ) Posted service (only if authorized)
- ( ) Member of Family (Resident)
- ( ) Not found (Explain):

DESCRIPTION OF PERSON SERVED				
NAME	RACE	SEX	DOB (OR APPX. AGE)	SSN
Vcu Health Center, Mcv Hospital & Physicians At Vc Medical Center				
STREET ADDRESS	HGT	WGT	EYES	HAIR
1250 E. Marshall St.				

*Robert O. Thompson*  
Signature of Affiant

5/21/07  
Date

AFFIDAVIT

COMMONWEALTH OF VIRGINIA

Before me personally appeared the said DEP. R. THOMPSON who says that he/she executed the above instrument in the above manner and on the date indicated.

Sworn to and subscribed in my presence this 21<sup>st</sup> day of MAY, 20 07

My commission expires JUNE 30, 2010

*[Signature]*  
Signature of Notary